

Behavioral Health Program Integrity Best Practices

Mercer Government
Ready for next. Together.

Medicaid expenditures almost doubled during the past decade, from more than \$200 billion in 2000 to \$374 billion in 2009; many states have adopted managed care as a response to this growing expenditure. With this shift in health care come new challenges in containing costs and new opportunities for fraud, waste, and abuse to occur. The original thinking of many within the industry is that fraud did not exist in managed care; however, experience has proved that fraud does exist in many guises within a managed care environment.

In this environment, states are directly responsible for monitoring the operations of behavioral health managed care organizations (BH-MCO) and are required by federal mandate to have effective fraud, waste, and abuse detection and prevention programs. State Medicaid programs have implemented a variety of approved waivers to meet their unique populations' behavioral health needs and these unique waivers incorporate different types of services and operational practices. This diversity complicates the provision of effective program-integrity systems, which at times is further impacted by the lack of adherence to NPI standards for all vendors for in-home and community-based services. The likelihood of overlapping provider networks shared between different BH-MCOs and decentralized claim processing further impedes program integrity oversight.

How Mercer can help

Mercer Government Human Services Consulting (Mercer) can help identify best practices in Medicaid BH-MCOs to maintain regulation compliance and effectiveness in program integrity.

- We have established review criteria to benchmark BH-MCO program-integrity efforts
- We have created BH-MCO report cards to establish a method to compare BH-MCOs
- We have identified promising practices in BH-MCO program integrity efforts

Since 1985, we have worked with over 45 US states and territories. We bring the right mix of battle-tested experts and multi-disciplinary practitioners to the table to shape real-world solutions and face the toughest issues.



Our Expertise

Mercer's program integrity team has experience in Special Investigations Unit operations, policy-setting at both the state and federal levels, data validation, and identification of program integrity best practices. We are experienced at designing evaluations that monitor BH-MCOs' program integrity efforts, and we have evaluated and monitored several states' unique MCO program-integrity systems. This is built upon our deep understanding of Medicaid. Our extended team of behavioral health specialists has public mental health experience at both the state and local levels, and understands the barriers and opportunities

faced by those working in Medicaid. Our public sector and health care experience is complemented by our expertise in CMS policy and federal regulations, information systems, encounter-data management, actuarial rate-setting, strategic planning, and managed care. Our multidimensional approach of teaming our clinical experience and policy experts with actuarial and information planning consultants provides a unique depth and breadth of experience to help our clients increase the operational effectiveness of their program integrity.

We help ready our clients for what's next: the next policy, the next budget, the next administration, the next opportunity.

We deliver an individualized focus, powered by industry-leading experience, integrated capabilities and passionate people. We help clients achieve better outcomes, develop and deploy defensible strategies, and reshape the delivery of health care.



For more information

Visit our website at www.mercer-government.mercer.com to view our experience, services, and client feedback.

